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Ciange of correspondence address or inflication of "Fee Address" (37 CFR 1/5ds).  Change of excrespondence address for Change of Correspondence Address form P10/SB/122) attached.  Tee Address' indication for Flee Address' Indication from P10/SB/128, Fee 0-3-22 or more sevent) attached. Use of a Customer Sumber is required.			2. See printing on the patient front page, first  (1) the names of np to 3 negligible on part alterneties or agents OR, alternatively C2 the name of a single first thesing of a neurology a registered automy of augusts and the names of up to 2 registered patient alterneties or a genult. If no name is 3 listed, no name will be printed.				
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1a. The fi-llowing fee(s) are submitted:    Income feet   Income feet			all, Psyment of Fects); (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Psyment by coefic and, Form PTO-2018 is anached. ☐ Psyment by coefic and, Form PTO-2018 is anached. ☐ The Discours is hereby such sized to charge the required fee(s), any deficiency, is credit any overpayment, to Depend Accession Mandata, ang. 2025———————————————————————————————————				
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Authorized Signature /Yeh K Chang/				Date 02/18/2010			
Typed or proving same Yeh K Chang			Ressuration No. 41,397				

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